

BILLING NO. 92020230
DATE: 06/15/92

Municipal Solid Waste Management
(512)834-6625
MUNICIPAL SOLID WASTE FACILITIES
QUARTERLY REPORT AND BILLING
THE SECOND QUARTER OF 1992

7E730-144
0106292020230

BILLING PERIOD 04/01/92 - 06/30/92

DUE DATE: 08/20/92

1. PERMIT / APPLICATION / REGISTRATION NUMBER: 01062

TYPE: 1

2. FACILITY PERMITTEE: SITE: City of Garland

City of Garland
P.O. Box 469002
Garland, Tx 75040

3. REGION: 4 COUNTY: Dallas

4. FACILITY OPERATOR: SAME

(IF DIFFERENT FROM PERMITTEE)

(ADDRESS)

5. PRIMARY JURISDICTION SERVED: CITY OF GARLAND

6. POP./POP. EQUIV. SERVED: 182,861

7. STATUS OF OPERATION AT THE END OF THIS QUARTER:

ACTIVE: ☒ CLOSED: ☐ OTHER: ☐

FEE INFORMATION FOR ALL FACILITIES

A. LANDFILL WASTE RECEIVED / PROCESSED THIS QUARTER:

| | | | | | GREATER AMOUNT |
|----------------------------|--------|----------|--------------|--|-------------------|
| * 1. Compacted | | 1.50 | | | |
| a. WEIGHT (TONS) | 52,914 | X .50 = | \$ 79,371.00 | | \$ 79,371.00 |
| b. CU.YDS. COMPACTED | | X .50 = | \$ | | \$ |
| * 2. Uncompacted | | | | | |
| a. WEIGHT (TONS) | | X .50 = | \$ | | \$ |
| b. CU.YDS. UNCOMPACTED | | X .10 = | \$ | | \$ |
| * 3. Population Equivalent | | | | | |
| a. WEIGHT (TONS) | | X 1.50 = | \$ | | \$ |

B. OTHER WASTE RECEIVED OR PROCESSED THIS QUARTER:

| | | | | | |
|----------------------------|--|---------|----|--|----|
| * 1. Compacted | | | | | |
| a. WEIGHT (TONS) | | X .25 = | \$ | | \$ |
| b. CU.YDS. COMPACTED | | X .25 = | \$ | | \$ |
| * 2. Uncompacted | | | | | |
| a. WEIGHT (TONS) | | X .25 = | \$ | | \$ |
| b. CU.YDS. UNCOMPACTED | | X .05 = | \$ | | \$ |
| * 3. Population Equivalent | | | | | |
| a. WEIGHT (TONS) | | X .75 = | \$ | | \$ |

* USE METHOD YIELDING LARGEST FEE CHECK \$ 107047 TOTAL DUE: \$ 79,371.00

C. CIRCLE THE METHOD USED TO RECORD WASTE RECEIVED

1. SCALE WEIGHT OF VOLUME OF WASTE
2. VOLUME OF WASTE BY VEHICULAR VOLUME
3. POPULATION EQUIVALENT

I hereby certify that the information in this report is true and correct to the best of my knowledge and belief.

SIGNATURE Harvey N. Stuart DATE 08/ /92
NAME Harvey N. Stuart PHONE (214) 205 - 3421
TITLE Assistant Director - Disposal

Your failure to submit the Quarterly report and fee prior to the due date will subject you to administrative penalties. Remit your fee with the enclosed coupon and the completed report in the envelope provided.

MAKE CHECKS PAYABLE TO: SEND PAYMENT, COUPON, AND REPORT TO
Texas Department of Health ADDRESS ON THE COUPON